

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION 44-131**

**26 FEBRUARY 2014**



**Medical**

**IMMUNIZATIONS**

---

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available on the e-Publishing website at [www.e-publishing.af.mil](http://www.e-publishing.af.mil) for downloading or ordering.

**RELEASABILITY:** There are no releasability restrictions on this publication.

---

OPR: 59 MDSP/SGO7A

Certified by: 59 MDSP/CC  
(Lt Col Carol Copeland)

Supersedes: 59MDWI 44-131, 4 May  
2011

Pages: 6

---

This instruction implements Air Force Policy Directive 44-102, *Medical Care Management*. This medical wing instruction (MDWI) describes and establishes the scope and context within which immunizations will be given at 59th Medical Wing (59 MDW). This instruction applies to all personnel assigned, attached or on contract with the 59 MDW. This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: <http://dpclo.defense.gov/privacy/SORNs/SORNs.htm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

**SUMMARY OF CHANGES**

This document has been substantially revised and must be completely reviewed. Major changes include: deleted information regarding Inpatient Pneumococcal and Seasonal Influenza vaccines; deleted specific information regarding Immunization of Asplenic Patients; changed information about the immunization backup technician training.

**1. General.** Immunizations constitute primary prevention. Standards to follow include: immunizations are readily available, no unnecessary prerequisites, providers should at all encounters screen and when indicated vaccinate, educate our beneficiaries about immunizations, record preventive interventions, follow “the six rights of medication administration” - the right dose, right route, right site, right patient, right time, and right documentation. Procedures for patients who decline an immunization and procedures for exemptions to an immunization are found in AFJI 48-110, *Immunizations and Chemoprophylaxis*. The Wilford Hall Ambulatory Surgical Center Immunizations clinic noncommissioned officer in charge (NCOIC) has oversight over point of service clinics that administer immunizations.

1.1. Patients are encouraged to have their immunization record with them. Patients being seen for the first time within an Air Force Immunizations Clinic need to provide documentation of prior immunizations in order for these immunizations to be documented in the Aeromedical Services Information Management Systems. Immunizations that are not included on the current Advisory Committee on Immunization Practices (ACIP) *Recommended Childhood Immunization Schedule* or *Summary of Recommendations for Adult Immunizations* require a written order. Immunization orders will be accepted from the plan or recommendation part of a Subjective, Objective, Assessment, and Plan (SOAP) note on a Standard Form (SF) 600, *Medical Record-Chronological Record of Medical Care*, on a prescription pad AF Form 781, *Multiple Item Prescription* (or civilian equivalent), or on a SF Form 513, *Medical Record-Consultation Sheet*. Providers should also document in Armed Forces Health Longitudinal Technology Application (AHLTA) the indications for this immunization and their discussion of risks and benefits with the patient.

1.2. Immunizations will be given IAW the recommendations of the ACIP. Immunizations, along with input from Population Health and Pediatrics, will establish a standard 59 MDW immunization schedule for those vaccinations that are indicated at a specific age range. This approach streamlines service and decreases confusion for both patients and staff.

1.3. The appropriate Vaccine Information Sheet will be provided to each individual or parent/guardian and noted on DD Form 2766C, *Adult Preventive and Chronic Care Flowsheet (Continuation Sheet)*. Questions will be answered by the immunization technician and, if needed, the Allergy and Immunology on-call fellow or Staff Preceptor will be consulted.

**2. Adult Immunizations.** *Summary of Recommendations for Adult Immunizations* is utilized.

2.1. Influenza vaccine will be given to any adult who wishes it, as recommended by the ACIP. It will be available without a written request from the provider. Influenza vaccine is mandatory for uniformed personnel and healthcare personnel who provide direct patient care, and is recommended for all others.

2.2. Pneumococcal vaccine will be given to all adults over age 65 if they consent to it, as recommended by the ACIP. People under age 65 with risk factors for severe pneumococcal disease will be given the pneumococcal vaccine.

2.3. Tetanus and diphtheria (Td) will be given to any adult who requests it, as recommended by the ACIP. It will be available without a written request from the provider. Td is recommended every 10 years. ACIP also recommends substituting a one-time dose of Tetanus, diphtheria, and acellular pertussis (Tdap) for the Td booster. Tdap is also

recommended for pregnant woman during each pregnancy (preferred during the 27-36 weeks gestation).

2.4. Zostavax (shingles) vaccine will be given to any adult (60 years and older), as per the ACIP recommendations, if there are no contraindications to receiving live vaccines.

2.5. All other immunizations will be administered as requested by the provider and documented in the plan or recommendation part of the SOAP note on a SF 600, in AHLTA, or a SF 513.

### **3. Mobility Immunizations.**

3.1. Coordination exists between Medical Readiness and Public Health to inform individuals of required mobility immunizations. Individuals will need a SF 513 that indicates the mobility immunizations they are due to receive. The SF 513 will serve as the prescription. It is the individual service member's responsibility to ensure compliance with needed immunizations. A provider visit is not required prior to obtaining mobility immunizations.

### **4. Pediatric Immunizations.**

4.1. *Recommended Childhood Immunization Schedule*, updated annually, is utilized. Pediatric immunizations will be administered according to the annual schedule approved by the ACIP, American Academy of Pediatrics and American Academy of Family Physicians. The standard schedule will be followed unless specific guidance is included in the plan or recommendation part of the SOAP note on a SF 600, AF Form 781 (or civilian equivalent), or SF 513. A well-child visit before immunizations, up to and including the 11-12 year shots, will not be required. Immunization staff will recommend well-child visits if they have not occurred. All children under age 18 will need an adult or legal guardian 18 years or older with them in order to receive an immunization in the Immunization Clinic.

### **5. Vaccine Shortages.**

5.1. Whenever vaccine shortages exist, mission essential medical readiness will be the first priority and Centers for Disease Control (CDC) guidelines for patient prioritization will be followed. Visit the CDC website (<http://www.cdc.gov/vaccines/pubs/acip-list.htm>) for a complete summary of recommended adult immunizations, including immunocompromising conditions, and childhood immunizations.

### **6. Immunization of Patients with Immunocompromising Conditions.**

6.1. Visit the CDC website (<http://www.cdc.gov/vaccines/pubs/acip-list.htm>) for a complete summary of recommendations.

### **7. Initial Immunization Backup Technician (IBT) Training.**

7.1. Individuals requiring IBT certification will be identified and notified by their squadron superintendent and/or group 4N0 Functional Manager. It will be the individuals' responsibility to contact the IBT Coordinator or Immunization clinic to schedule IBT training. The IBT Study Guide/Distance Learning Course (DLC) is available on the AFMS Knowledge Exchange Allergy/Immunizations Consult page <https://kx2.af.ms.mil/kj/kx8/AllergyImmunization/Pages/home.aspx>. DLC material must be completed prior to attending the first day of class. Following the initial two days of didactic training the student will take the End of Course (EOC) exam. Upon successful

completion of the EOC exam (70% or higher) the student will be allowed to administer vaccines under the supervision of a SEI 453 holder. The student will be required to complete 2-weeks (80 hours) of didactic and clinical training and pass daily quizzes with 80% or higher. If unsuccessful on the EOC exam, the student will follow AFI 44-102, *Medical Care Management*, paragraph 13.11.4.3.1 prior to retesting and administering vaccines. AFI 44-102 paragraph 13.11.4.4.1, allows unique circumstances for reduced clinical training. Based on the large number of pediatric and adult patients within the clinic and Basic Military Trainees the patient load meets the intent of the AFI and can be accomplished in a 10-duty day period.

**8. Sustainment Immunization Backup Technician Training.**

8.1. It is the individuals' responsibility to contact the IBT Coordinator or Immunization clinic to schedule IBT sustainment training. The standard quarterly training duration will be two days. The IBT program coordinator and/or the Immunization NCOIC can approve any abbreviated training based on experience, knowledge base and performance. Training at a minimum will comply with AFI 44-102.

**9. Air Force Training Record (AFTR) documentation.**

9.1. Prior to completing initial or sustainment training, the IBT Coordinator and member must document training in member's AFTR.

NICOLA A. CHOATE, Colonel, USAF, MC  
Chief of the Medical Staff

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 1 September 1999

Air Force Joint Instruction (AFJI) 48-110, *Immunizations and Chemoprophylaxis*, 29 October 2006

Air Force Surgeon General Policy Letter: *Automated Documentation of Child and Adult Immunizations*, 25 July 2000

AFI 44-102, *Medical Care Management*, 20 January 2012

Privacy Act of 1974

Privacy Act System Notice F044 AF SG D, *Automated Medical/Dental Record System*, 29 August 2003

Privacy Act System Notice F044 AF SG E, *Medical Records System*, 18 June 2010

Title 10 United States Code, Section 8013, *Secretary of the Air Force*, 5 January 2009

*Recommended Childhood Immunization Schedule*, as approved by Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP), Current Edition

*Summary of Recommendations for Adult Immunization* (as updated) as approved by ACIP

2003 Red Book, *Standards for Child and Adolescent Immunization Practices and Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices*. MMWR 1997; 46 (No. RR-8)

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*

AF Form 781, *Multiple Item Prescription*

DD Form 2766C, *Adult Preventive and Chronic Care Flowsheet (Continuation Sheet)*

SF Form 513, *Medical Record-Consultation Sheet*

SF Form 600, *Medical Record-Chronological Record of Medical Care*

***Abbreviations and Acronyms***

**ACIP**—Advisory Committee on Immunization Practices

**AFTR**—Air Force Training Record

**AHLTA**—Armed Forces Health Longitudinal Technology Application

**CDC**—Centers for Disease Control

**EOC**—End of Course

**IAW**—In Accordance With

**IBT**—Immunization Back-up Technician

**MDW**—Medical Wing

**MDWI**—Medical Wing Instruction

**NCOIC**—Non Commissioned Officer in Charge

**OPR**—Office of Primary Responsibility

**SF**—Standard Form

**SOAP**—Subjective, Objective, Assessment, and Plan

**Td**—Tetanus diphtheria toxoid

**Tdap**—Tetanus diphtheria and acellular pertussis